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OBSERVATIONS ON THE ORI-  
GIN, CHARACTER AND  
TREATMENT OF  
OINOMANIA.

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## Observations on the Origin, Character and Treatment of Oinomania.

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THE terms "dipsomania" and "oinomania" have become, by use, synonymous. Oinomania, which comes from *Oivos* (*wine*) and *Mania* (*madness*), is a preferable term to dipsomania, which has for its base *Διψα*—simply *thirst*.

The old authorities, such as Benjamin Rush and others, employed the word oinomania to designate *wine madness*, and it appears with good reason.

We do not purpose to discuss oinomania in its general and collective signification. Everybody knows the character and conduct of the habitual drunkard. We propose rather to consider oinomania in its integral constituents. We wish to speak of its several and distinct factors, with a view to discovering, possibly, some way to the elimination or modification of certain essential constituents; and thence confining the area, and restraining the violence of its manifestations.

We have, in a former paper (*ALIENIST AND NEUROLOGIST*, July, 1881), taken some pains to show the relationship of the alcoholic neurosis with the great neurotic family of unstable nerve conditions. We will, therefore, content ourselves, mainly, with a discussion of the characteristics of oinomania, as relates to its component parts—after having offered some additional examples and proofs with regard to the close relationship of the oinomaniacal diathesis, with recognized unstable conditions of the nerve centers.

When treating of defective equilibrium in the central nerve forces, we are encroaching on the "border land" of insanity; and although our remarks are not strictly



applicable to the actually insane, it is obvious that we must encounter mental conditions which will be better understood, by sometimes referring to insane examples than by any other means.

In considering the subject of oinomania, not as a unit, but as composed of several distinct parts, our meaning may be illustrated by the following, taken from Dr. Bucknill :

"Lord Westbury said, in a speech in the House of Lords in the year 1862, while complaining of the methods of medical witnesses in cases of alleged insanity: 'An evil habit has grown into a precedent with judges and juries of assuming that insanity was a physical disease, and not a subject of moral inquiry.'"

Dr. Bucknill (*Insanity in Its Legal Relations*), says in reference to this point:

"It is not that medical men have imagined external things to be the indices of things unseen, but that they certainly are the indices of things unseen, and that all men, whether they be medical or legal, ignorant or expert, must in questions of insanity accept them as such, unless it can be shown that a state of mind can, itself, be seen."

In a manner precisely analogous, oinomania is a sensible index of certain things unseen, one of which is a constitutional nervous condition capable of being super-imposed by any one of a number of accidents; which being once established drives the mind, impressed by it, into habits of intoxication.

It is not any part of our object to follow too closely the social bearings of intemperance. Our business is with, not the effects and outgrowths of the alcoholic diathesis, but the cause of that diathesis. We do not discuss intemperance, but we seek to find the cause—the moving principles of intemperance. We do not look upon drunkenness as a disease, so much as we view it as a symptom of a constitutional imperfection or disease.

Preliminary to a nearer view of the several specific elements which are essential to the full development of true oinomania, there will be no impropriety in adding a few facts to those contained in our former paper, bearing on the relationship of the alcoholic neurosis, with other

true neurotic conditions. We have spoken particularly of *amnesia* as an outgrowth of the alcoholic neurosis. This symptom—lost or impaired consciousness—while not unfrequently an attendant upon alcoholic impression, is also common as a symptom of a neurotic interchange with other disturbed nervous states, not related to the alcoholic diathesis.

For instance, we know of a clergyman subject to epilepsy, who projected and preached a sermon on a certain text while in a condition of normal consciousness; but upon filing away his manuscript, he encountered the manuscript of a sermon preached by him two weeks previously on the same subject. He had no recollection respecting its composition or delivery. It was prepared and preached while his mind was in a morbid neurotic condition, taking the place of the epileptic seizure.

Another gentleman, an eminent lawyer, had a season of amnesia in lieu of a threatened paralytic attack. During the continuance of the state of amnesia, he wrote out a long and able legal document, covering several grounds in defense of a criminal. He only knew afterwards that these and other events had occurred, by the discovery of the written documents pertaining to them.

Bearing upon this subject, Maudsley says that,

“Certain forms of nervous disease in the parents, such as epilepsy, paralysis and neuralgia, strong hysteria, dipsomania, spasmodic asthma, hypochondriasis, and that outcome of a neurotic and feeble nervous system, suicide, may predispose to mental derangement in the offspring, as, conversely, insanity in the parent, may predispose to other forms of nervous disease in the offspring.”—(Path. of Mind, p. 107.)

Again, the same author says:

“The mingling and transformation of neuroses which is observed sometimes in the individual, is more plainly manifest when the history of the course of nerve disease is traced through generations \* \* \* when it is seen how close is the fundamental relations of certain nervous diseases, and how artificial the distinctions between them sometimes appear.”

Dr. C. H. Hughes says:

“I have often seen one member of a family given to periodic drink, another to attacks of hysteria, or epilepsy, or melancholia, or more active mania.”



We will take it for granted that no objection will be advanced against the doctrine that oinomania is an exhibition in activity of a true neurosis, similar in its laws of being with other recognized neuroses, and interchangeable with them both as an inheritance, and as transmitting, in in some forms, neurotic legacies. This being admitted, the question as to what is the proper course to pursue with the oinomaniac will be a good deal simplified. We will be better prepared to consider more specifically the nature and treatment of the constitutional greed for alcoholic stimulants.

While it is possible that the diathesis provocative of the appetite for alcohol may be the offspring of long continued indulgence in an intemperate course, this is by no means the only or most likely, the usual source of its production. Any cause adequate to induce a condition of profound disturbance in the relations of the nerve centers; any thing which, in the language of J. Russell Reynolds (*Value of the Legal Tests of Insanity*, p. 18), "Operates with extreme force from without, or by reason of some undue susceptibility within, disturbs the growth of the brain, deranges the relations of its parts, upsets the harmony of its functions, results in an unsound mind." That is, it results in the establishment of a neurotic diathesis, with nerve centers unstable and out of equipoise, one form of which neurotic state is the alcoholic or oinomaniacal predisposition.

It is not necessary or proper to detail all the causes of such a result or culmination. But a few obvious and familiar agencies in common operation, which, among others, produce the oinomaniacal predisposition may be noted.

Any profound shock or injury, either physical or mental may found a neurotic temperament. Hence, severe bodily injuries, as wounds received in battle, may become the cause of an oinomaniacal predisposition. We have known a number of drunkards thus produced. There is no doubt but this will prove a rich field for observation and statistics.



The habit of steadily using the nerves of vision in prolonged study while in school, may sometimes injure the stability of the nerve centers to no small extent. The practice of corporal punishment in school at the hands of a stranger may tend to so shock the nervous system of a feeble and timid child, as to sensibly predispose to the founding of a permanent neurotic diathesis. The entire loss of a limb, independently of the shock entailed upon the nervous system, may be followed by atrophy of certain parts of the brain, so as to interfere with the consensual and attentive correspondence of all parts of that organ in its functional operations. SEPPILLI speaks of "secondary atrophy in the motor zone, consequent upon the amputation or loss of an extremity." But it is not necessary to point out the innumerable accidents and possibilities which, in their totality, must eventuate in the founding of a great multitude of the various neurotic temperaments.

But, after all, by far the greater proportion of the oinomaniacal neuroses is to be found in those who have received it by inheritance out from the epilepsy, the insanity and the manifold forms of neurotic disturbances of the past. That is to say, the constitutional tendency to drink alcoholic liquors is not, as a rule, the immediate result of an indulgence in the practice of intemperance; but it is of necessity derived from the super-imposed outcomes of the vices and misfortunes of a world long since dead and gone. The following illustration comes from a source of undoubted veracity and intelligence :

"A young priest, early dedicated to his calling, having occasion to undergo an arduous journey on foot, during an inclement season of weather, was, with difficulty, induced to partake of a portion of alcoholic liquor, with a view of sustaining his strength and energies. It was his first experience with alcohol. This man could never afterwards suppress his longing for liquor, nor refrain from alcoholic indulgence. He lived and died a drunkard."

The mother of this person was an epileptic.

The case is typical. The strong probabilities are, in view of the sources of oinomania, that few, if any, habitual

drunkards are free from a taint of an hereditary character which colors their lives with somber hue.

Hence, the thoughtless prescription, or the unconsidered tender of the alcoholic cup, should not be blamed as *creating* the dipsomaniacal neurosis, so much as being the occasion of the *development* of the potentiality of that morbid power; it being already latent in the constitution.

The establishment of a habit of drinking is to be attributed rather to the accidental awakening into activity of a slumbering neurosis than to the obstinate persistence in a course of intemperate indulgence. Could we know certainly, where that neurosis is implanted, we could act intelligently upon that admonition which tells us "not to awake a slumbering lion."

The predisposition to drink becoming operative is apt to assume one of two phases: It may be spasmodic, or, as sometimes called, impulsive; or it may be continuous, resting only when excess demands intermission.

Of the impulsive drunkards we will speak first. Here is a form of oinomania which exhibits itself at intervals of longer or shorter duration; these intervals being of different lengths in different persons, and, indeed, in the same person. In this respect, the impulse to drink assumes some of the features of epilepsy—that great representative of all the varied forms of mental unsoundness and imperfection. This disease (epilepsy) has been called by Dr. C. H. Hughes, "protean and chameleon-like." The same authority speaks of the "protean forms of epileptoid display, which incite to cautious thought, and have not, in all their possible manifestations, been yet recorded." As the crisis of epilepsy is sure to come, sooner or later, so the oinomaniacal neurosis will intrude itself in active form at certain periods of time. True, one or another consideration, either affective or rational, may retard the culmination of the neurotic stress; but that determination will at length assert itself, and the victim of dipsomania will bow to the irresistible behest of his neurotic temperament.

It may be asked, if a mind can restrain itself for a time, can it not forbear altogether? It is certainly true that the insane can often, in the pursuit of an insane purpose, refrain from the manifest exhibition of lunacy for a considerable period of time. The phenomenon of a person really crazy, "stifling his disorder" is not uncommon in asylums. And yet to claim that such a fact implies a power to voluntarily control insanity at all times, is, in the face of experience and the sensible morbid degenerations of brain tissue, simply preposterous. Oinomania comes under a similar category. Local and temporary interests may restrain for a time the final outburst of the constitutional predisposition; but they are powerless to prevent it in the end.

Objection has been made to the term *impulse* as applied to mental exhibition. It is true that the term "impulse" presupposes the paramount activity of the *emotional powers* as considered in distinction from the reflective or true reasoning faculties. It is also true, as a rule, that the absence of the reflective operations leaves mental exhibitions somewhat "at large," as it has been termed, and particularly as they are exhibited in certain nervous and hysterical phenomena.

Yet instances and examples have not been wanting wherein it has appeared that the predominancy of the emotions—the susceptibilities—was efficient in inciting the mind to wise and healthy life work.

Dr. Bucknill remarks:

"This term *impulse* is a word which darkens knowledge, and its use seems wrong and misleading."

From an authority which so acutely exposes the fallacy of Lord Westbury in his claim that insanity is an independent state of mind requiring moral appliances, rather than a symptom of an internal pathological condition, this dictum of Dr. Bucknill seems somewhat singular. The doctor's criticism is here applicable to his own language. Alcoholic impulse is not simple and independent. It is multiple, and has for one of its elements the



latent oinomaniacal neurotic diathesis. It is one of the symptoms of a profound constitutional taint, and as such, it is a proper subject of consideration and remark.

It is perfectly well understood by metaphysical writers that the sympathetic powers are not, of necessity, amenable to the authority of the intellectual faculties. That a certain balance of action and reaction between them, yields the best results is acknowledged; but that great preponderance is allowed in the field of sanity to either the emotional or the reflective powers, is well understood and is really proper.

The mere susceptibilities, without the obvious intervention of the reasoning processes, may impress the will and impel to action or conduct. It is, therefore, not essential that we should seek in the intellectual faculties a solution of the characteristics of *impulse*.

Reynolds, in the excellent monograph already cited, says that:

"An unstable condition of the nervous centers allows action upon *impulse, starting from sensation*, which a better state of nerve nutrition would have enabled the individual to resist."

The "unstable" condition of the "nerve centers," being provided, some *sensation* in affinity with this unstable condition will tend to arouse a slumbering or latent neurotic force into sensible activity. This "sensation" may be the recollection of some perception received in the past, and presented to the attention by the powers of the imagination. Or, in the case of the drunkard, it may be the sight of the signs and devices of drinking resorts which waylay him in his usual walks and avocations. Such sights with their attendant ideas awaken an impulse, which, without their intervention, might have remained dormant.

Is "impulse" an outcome of reason, or is it not? It has been said respecting disorders of the mind that, "it is to-day impossible to resolve the question whether they have any given location, or are on the contrary a confederate solidarity."



The metaphysical schoolmen have no doubts on the subject. According to them the mind acts as a whole in every particular, small or great.

Prof. Hickok, says: "The mind is a unit through all its varied stages of activity." Prof. Haven, says: "Mental activity, strictly speaking, is one and indivisible." Prof. Bowen and indeed all the metaphysicians hold the same doctrine. With some reservation or understanding respecting the occasioned predominance of the emotional side, or of the reflective side of the mind, there can be little doubt of the accuracy of the above view.

The maternal instinct is not divided or weakened with respect to any child, because the affections are distributed amongst several. When the mother's mind is directed to any one of her offspring, *it is her whole mind* that for the time is so directed. Each child under the circumstances, for the time stands alone, as though it had no companions.

The fact is, in this example, the affective or emotional sensibilities are so strong, that little or no appeal is accorded to reason. The perceptive faculties are not ignored. But the power and strength of the feelings are so great, that they occupy the entire field, and the reasoning faculties remain in a quiescent or consenting position.

The sensibilities, or the emotions may therefore assume control of the will while the reflective powers are in abeyance.

This illustrates the nature and mode of operation of that constitutional bias which *impels* to the use of alcoholic stimulants.

When some sensation or some recollection of past sensations arouses sudden impulse to drink, it is overwhelming, simply because the impulse thus aroused *suffices* to bring the will into activity. There is no call upon the reflective powers, and reasoning does not take place. The emotional nature is predominant, and reason, while not antagonized, is non-committal, inoperative. The neurotic propensity to drink, when thus excited, does not coolly scan the consequences and attendant circumstances; but, in the

form of an emotional *impulse*, it controls the will as relates to alcoholic indulgence, and gives activity and character to conduct.

The calculating, reasoning man is seldom a drunkard. He is capable of weighing the chances and the consequences associated with the alcoholic influence; things denied to the questioning thirst and nervous urgency of the oinomaniac.

We, therefore, in view of these facts, conclude that *impulse*—a factor of oinomania, and itself the offspring of factors—is not the outcome of the operation of the reflective mental faculties.

The neurotic constitution of the drunkard should be distinguished from what is known as moral insanity. There is no quality of such insanity about the dipsomaniac. The idea of moral insanity is the *absence* of the moral nature—of the emotional susceptibilities. "We must all have met," says Dr. Bucknill, "with children who are strangely vicious from an early age—lying, thieving, cruel, violent—the despair of parents and pedagogues." Those humane traits "which make all the world of kin," are wanting, and in their stead the intelligent mind of that class of the insane is devoted to effecting the injury or destruction of others.

Differing from such people, the emotional nature of the drunkard is alive and acute; and it is the pathological relation which his emotional instincts bear with his intellectual powers, that compels him to be a drunkard. It is true that in the infinite phases of mental states which liquor may impose upon the drunkard, his sympathetic nature may become *general*; and not specifically applicable; that he may weep over a record of trouble and distress in some newspaper, which is purely ideal, while his wife and little ones are faring infinitely worse under his very eyes; yet the fact remains that he has sympathies and that he can be moved by pictures of suffering.

In our judgment, the ideas of Reynolds on this subject are correct. "Every person," he remarks, "has at

times felt impelled to do or say something which he had avoided doing or saying by a *moment's reflection*." He also speaks of "those strange *emotions* which often conflict so fiercely with *thought*, in regard to life and motive." (*Legal Tests of Insanity*, p. 17.) The class of emotions here alluded to, is the legitimate production of a constitutional aptitude, insensible to sight or touch, but of decided properties. This trait is as positive and as unerringly operative as those recondite organic forces which determine the shape of the nose, or the cast of the eye, or the "cow-lick" in the hair, which may distinguish the constitutional features of certain families. It would be as sensible to give a dose of pills or apply a plaster, with a view of changing those indelible indices of inherent family kinship, as it would be to endeavor to effect a fundamental change in any other constitutional, neurotic predisposition by analogous appliances.

Not less absurd would moral influences appear in this field of operation. Clearly it would be ridiculous to stand before a person and tell him to "brace up" in antagonism to a pug nose, under the impression that such "bracing up" would change the form of the nose to one more desirable.

But, while no amount of moral, or spiritual, or therapeutical efforts will avail to totally obliterate and destroy an inherited neurotic proclivity, it is still a fact that the exhibition of the outcome of the alcoholic diathesis in the form of actual intemperance, may be sometimes partially or even totally *suppressed*.

There are, of course, differences in the intensity or grade of the alcoholic temperament in different individuals. In some "those mysterious alliances which seem real with a world we cannot see, which fill the mind of the morbid to the exclusion of almost every other object," are indefinite, and not absolutely dominant. "The extreme force from without, or the undue susceptibility within, which upsets the harmony of brain function," may not be superlative. The emotional tendency towards drink may

not be overmastering. In such persons, the reflective faculties, either by the suggestion of other minds, or by the force of their inherent preponderance over the neurotic predisposition, may become so aroused into activity as to overcome the emotional impulse to drink. The "momentary reflection" may become possible and effectual. In such instances the reasoning faculties contemplate the personal degradation of the drunkard; and the shame and humiliation he entails upon the family. And thus the neurotic disorder, struggling for ascendancy is, for the time being at least—not destroyed—but *suppressed*.

This is a fact which is enacted in the life of the impulsive drunkard again and again. Sometimes when the neurotic vice is not too strong, the victory of reason over the susceptibilities is complete. At other times, alas, this victory is incomplete—evanescent. It is in this last class of cases that the tragedy of suicide is often enacted. When in the beginning of his career the oinomaniac emerges from a season of excess, he seems to feel that it will not only be easy for him to refrain, but that it will be impossible to inveigle him again into the haunts of intemperance. But time passes; the pain inseparable from intoxication disappears. The craving for alcoholic stimulants begins to grow, and gnaws at every avenue, physical and mental. The emotional tendency to drink grows stronger and stronger, while the reasoning faculties are less and less questioned; and in the fullness of its own time, the seizure, like unto that of epilepsy, takes place, and the fury and inhumanity of the drunkard has full sway to endanger society and dishonor friends. In some proud minds, a routine of this kind will not be permitted always. Sooner or later the broken oaths, the honest resolves, the strenuous efforts in the interest of honor and manhood—all wrecked—will admonish the oinomaniac that he is powerless and is lost. Unable longer, as this hideous conviction is burned into his soul, to face the world; unable to face the honorable traits of his own nature;—in pure despair he seeks destruction



and everlasting forgetfulness by some terrible catastrophe.

These are the finer minds who, to avoid inevitable reproach and contempt, prefer to die. Unhappily, the possession of the highest powers of imagination and poesy are unavailing in the presence of the neurotic tendency to inebriety. They are wholly inadequate to supply the place of reflection and reason. Powers given in compensation for defects are not of a nature to overcome those defects; and the "Unco Guid," with their calm and equable nerve fiber, stand ever ready to pass final sentence upon such men as Robert Burns, Lord Byron and Edgar Allen Poe.

"What's done they partly may compute,  
*But know not what's resisted.*"

And here we may remark respecting those persons whose preponderating intellectual powers or comparatively feeble neurotic predisposition renders them capable of reforming, and of permanently abstaining from the use of liquor, that the *seeming* state of such is very different from their *real* condition. The reformed inebriate, while walking apparently in ease and comfort in the right way, is never free from temptation. His is a life-long fight up hill. No matter what may be the ruling motive of his abstinence, whether it is honor, or ambition, or religion, the inward conflict goes on still. His neurotic proclivity abides with him always, and claims his watchful and ever-vigilant antagonism throughout life and until death.

How different is the lot of such a man from that of the easy moralist who passes through life unweighted with any superimposed morbid predisposition to drink. To one, the journey of life is easy and delightful. To the other it is, throughout, the journey of Æneas from the Avernian regions. Easy is it to sink into the shadow and gloom of the drunkard's life, but to return therefrom is labor and toil indeed: "*Revocare gradum superasque evadere ad auras, hoc opus, hic labor est.*" The alcoholic diathesis is suppressed, it is not destroyed; it is simply

smothered, it is not extinguished. It lives on and is still transmissible.

Of the steady daily drunkard, little needs to be said: but that little as evincing his intellectual imbecility in the presence of his neurotic besetment, is sad enough. The development of his neurotic tendency into action has of course a beginning. It may be the accidental and unpremeditated indulgence in some alcoholic stimulant on an accidental and unconsidered occasion—as at some wedding, or excursion, or otherwise. The direful consequences being utterly unforeseen.

In this connection, and at the risk of seeming repetition, we will say that oinomania is a condition represented by several distinct factors. The mere neurotic temperament calling for alcohol is not of itself oinomania. This neurosis must meet with its kindred and sympathetic affinity—alcohol, before the unreasoning craving for liquor begins, and the overwhelming mastery of alcohol upon the mind and conduct is established. That conjunction once effected, however, the alcoholic appetite becomes dominant, and the alcoholic mania fully developed. The subsequent intemperate course is kept in activity by the impulse to drink being excited through the intervention of suggestive sensations, either external, or coming from within.

There is at first, no doubt in the mind of the drinker, of his perfect capacity to refrain whenever he chooses to do so. He henceforth day by day continues to drink intending sometime soon to “shut down” and return to a course of abstinence. Although time passes and the time for stopping is not yet come, still the beginner is of the conviction that, upon the exercise of a firm determination, the practice of intoxication will come to an end. But the time for stopping comes not; while the *capacity* for stopping, when a *habit* is superadded to a *neurotic predisposition*, is very sensibly weakened. Thus, the pitiful scene is lengthened out until at last the grand and glorious sense of manliness is sunk and lost in the craven conviction that degradation,

hopeless and endless, is assured. There is no spasmodic attempt at reform as we see in the impulsive drunkard. But surrendering to the overpowering strength of his alcoholic neurosis, the daily drunkard skulks hopeless, and liquor sodden through life.

It is not our business to trace the man, the citizen, the father and the gentleman from his shining and honorable pedestal down to that other and dreadful level of drunken mania and unspeakable degradation. Nor to discuss the difference in culpability of him who, impelled by the fatal neurotic heritage, is enticed to drink to his ruin and the stronger man who, not so unfortunately endowed, entices and leads the weaker to destruction. It is ours rather to discover and depict the cause of this fall, and if possible, point to a remedy.

The question now arises, have we sufficiently identified the nature of the temperament underlying the phenomenon of oinomania to make its character and associations reasonably clear? Does it belong to the class of constitutional traits, known as the neurotic conditions? If so, does our knowledge on this subject aid us in the search for a remedy against the alcoholic diathesis? These questions may be answered affirmatively we think.

But preaching, be it ever so earnest or orthodox, will not alter the calibre of morbidly dilated vessels, remove extravasations—sanguineous or serous—from the brain, nor will it restore degenerated nerve cells. Admonition will not replace nerve centers in a condition of equilibrium and equipoise—centers which have lost their balance by physical destruction or injury to important bodily organs or structures. And all the punishment and duress that can be brought to bear, will not avail one scintilla in restoring an equable, and healthy and quiet mind to any one, physically disordered in brain and nerve fiber.

The factor, therefore, of oinomania which consists in the neurotic diathesis cannot be reached by any spiritual or moral or direct legal means. In truth, hereditary factors must be mainly impressed by hereditary methods.

To accomplish anything in that direction, there must be careful marriages; certain and steady employment; the morbid nerve erethism must be subdued as much as possible by long continued non-use; and in short, every available means calculated to dwarf the obtrusive neurotic predisposition must be sedulously applied. Such a treatment it is obvious, must be prolonged for years, and even for generations.

It is therefore clear that we must seek present relief from the inflictions of oinomania, in the nature of some other factor which enters into its composition.

Another constituent in oinomania is what is termed *impulse*. Our discussion of this term has been somewhat extended; and from that we may assume that impulse has no part in the matter unless the alcoholic neurosis on the one hand, and the alcoholic substance on the other, are within striking distance of each other. If either of these elements is absent, the impulse either cannot arise, or it cannot avail. It is therefore concluded, that if we are powerless to deal with the morbid predisposition to drink, our best hope of accomplishing something in the way of repressing oinomania, would be in removing alcohol from the possibility of conjunction with the depraved mental predisposition calling for it.

This means *isolation* of the morbid mind from that which feeds its disease. The numerous retreats for the inebriate, which are so useful in a multitude of cases, clearly vindicate the doctrine that such isolation is not only useful, but indispensable. But it is obvious that this mode of isolation—restraint to the person rather than the thing—is impracticable as a general rule. There are too many oinomaniacs; the neurotic predisposition to alcoholic indulgence, owns so many and remote paternities that it includes an unmanageable multitude. The only feasible remedy is clearly the removal of alcohol itself, from the reach of the drunkard.

It is all very fine to insist upon liberty, the liberty of choice, and the native right of everyone to enjoy it. But



this should be confined to a rational liberty; not a liberty of diseased and unstable methods exercised with regard to normal and well established conditions. Very recently certain damagogues in Connecticut made great ado because of a law which forbade persons having a congenital defect in vision, which incapacitated them from distinguishing colors—from engaging in the service of railroads, where the signs of danger depended upon a capacity to rightly distinguish colors. Here the liberty of deficiency and disease was terribly outraged, while the lives and safety of thousands were imperiled, if the “outrage” was *not* rigidly enforced. In a manner analogous, the withdrawing of alcohol from the drunkard, is merely depriving him of the liberty of choice, in relation to a subject concerning which, he is by reason of disease, incapable of reasoning. There is no abridgment of personal liberty here, which does not unbind and set free potentially, immense numbers who otherwise would be subjected to injury and abuse and danger.

Such legislation as will make it difficult for the drunkard to obtain liquor, appears to be the only practicable means of restraining the exhibition of oinomania, within narrower limits than it at present occupies. We have nothing to say respecting the feasibility of accomplishing what is, without doubt, the only means of restraining intemperance and preventing its accumulating woes. It is simply a self-evident proposition, that the more difficulties which can be brought to confront men in obtaining liquor, the less liquor will be drunk.

A load of unspeakable apprehensions would be removed from the heart of the wife or parent, could it be known that some certain one would not be *compelled* to pass by a dram shop in the morning or evening, as he goes to work or returns home. The inebriate himself in his better moments, would rejoice if he could know that the shop of the dram seller was forever closed.

A great difficulty in the way of reform in the liquor business is that too much is expected. No moral reform

is ever complete. Difficulties strew the way and obstacles are ever to be surmounted. "Whatever enters the atmosphere of moral action," says Francis Wharton, (*Princeton Review*, July, 1878,) "finds itself subject to the conditions of that atmosphere," and great uncertainty as to results prevails. The utmost that can be expected from the conflict against wrong is a preponderance of good, not an abrogation of evil.





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## PROSPECTUS FOR 1881.

**T**HANKFUL for the encouragement and generous judgments it has received in the past, the ALIENIST AND NEUROLOGIST enters upon another year with a hopeful, and, it is believed, useful future before it. Its subscription list and the number of its contributors and pages have steadily increased since the day of its inception, till it now counts its friends and collaborators in all the States at home and in many Countries abroad. It will continue its endeavors to promulgate sound teaching respecting the nature and treatment of the Neuro-Psychic and Nervous diseases.

It will continue to maintain that psychiatry and neurology, like the study of the vascular system, are *essential parts of the trunk*, rather than special branches of medicine, and will endeavor to bring these departments concisely, prominently and satisfactorily before the GENERAL PROFESSION. Due prominence will be given to electrology, alcoholism, meconism, chloralism, and the pathology, management and treatment of inebriety, as within its legitimate province.

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